

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/530717

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4		2		1		2
5		2		1		3
6		2		1		3
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	15	←	14	←	18	←
TOTAL CLAIMS	17		16		20	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						